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ATTITUDES AND ACTION

HOW ARE WE HELPING OUR OLDER PEOPLE

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ATTITUDES AND ACTION--HOW ARE WE HELPING OUR OLDER PEOPLE?

> An attitude of benevolent paternalism on the part of the public and professionals encourages premature institutionalization and discourages the elderly from exercising their option to remain in the community, particularly when this involves personal risk. Attitudes must change so that the elderly are treated with the same dignity and respect that are afforded to those in other age groups.[1]

The above quotation expresses eloquently a very real problem that older people face. When older people develop some dependencies and require some assistance, even just to carry out a few of the tasks of daily living, they are often viewed and treated like children. Decisions are made for them because of an assumption that older people are not able or do not want to take this responsibility. The common belief appears to be that the best and safest route for an older individual is a move into an institution where care will be provided by "professionals."

In fact it is often assumed that once a person reaches a certain age, for example age 80 and over, a move to an institution is best whether or not assistance is needed. It is believed that the most effective way to help people who reach an advanced age is to put them in a safe place where someone will "take care of them"--a place where (it is believed) there will be no risks or stress.

Coupled with this is the mistaken belief that all older people are lonely (especially if they are living alone), and that living with other older people in a collective dwelling (an institution)--even sharing the same room--will provide them with the necessary social contacts. This in spite of the fact that few older people, once they make this move, have any control over a room-sharing decision nor are they always allowed to have a choice as to the persons with whom they must share.

Older people may be managing quite well in their own homes or apartments, with or without some help. For example, some may be managing quite well on the home care program. However, family or professionals believe that as the seniors age this will not continue. To be safe their names must be placed on a waiting list for an institution. The older person is told, "you must get your name on the waiting list now to ensure that you will have the bed when you need it." Sometimes when there is a bed available the older person is encouraged to take it whether or not such care is needed, as a precautionary step. An older person's name may be placed on more than one waiting list just to make sure a bed will be available when needed. For example, in rural Alberta an older person's name may appear on more than one waiting list.

This results in what can be called a "false need" for institutional long term care beds, and waiting lists are built up with the names of people who, it is

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1 Canadian Medical Association, Health Care for the Elderly: Today's Challenges; Tomorrow's Options, 1987 (page 8).

believed, may need some help in the future. In this way, some older people lose their independence and autonomy by entering institutions needlessly.

Once the beds are built there are unavoidable economic pressures to keep them filled, and pressures on the existing institutions to expand.

It is recognized that, for some older people, institutional care is the most appropriate and most satisfactory arrangement. However, for many it is not. Contacts with older people, both through experience and research, have shown that the vast majority of seniors who develop some dependencies want "assisted independence." They want to be in living situations that provide security along with privacy and that allow for as much control over their lives as possible. The latter is most important. Lack of control over one's life has negative effects on emotional, physical and behavioural well-being.[2]

Why then is this paternalistic attitude continued? Why do we continue to assume, for the most part, that institutional living is the safest and "best" alternative for older persons with some dependencies?

There are several reasons.

In part it is because we do not understand that older people, as mature adults, have the right to take reasonable risks. As the Canadian Medical Association report states:

> The mentally competent elderly should be as free to opt for risk or safety as are the rest of us. Like their younger counterparts, they should not be forced into institutions simply to protect them from the risks they choose to run in caring for themselves.[3]

In part it is because we do not know enough about normal aging and the real needs of elderly persons. Old age is viewed as illness, and it is felt that only health professionals can adequately care for them. We are unsure of our responsibilities and of our ability to provide adequate care in the community--outside of an institution. Sometimes family members pressure each other "to do something." Placing older people in an institution is our safe response to this dilemna.

In part it is because it is easier and less complicated to go for the institutional solution than to face the more complex task of locating needed services in the community.

Many people still do not know about community care services or lack confidence in them. Community care services are still relatively new in this province, and they are limited in comparison with institutional services. For example, the Coordinated Home Care Program did not start until 1978 while the Nursing Home Program started in the 1960s, and the first lodges were built in 1959.

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2 Brian F. Hofland, "Autonomy in Long Term Care: Background Issues and a Programmatic Response." The Gerontologist, Vol. 28, Suppl. 1988, P. 5.

3 Canadian Medical Association, op. cit., page 12.

Community care services still receive a very small proportion of the total funding being provided. According to the report of the Committee on Long Term Care Services for Senior Citizens, in 1985/86 only 2.7 per cent of the health care expenditures for seniors went for community-based services.[4]

Therefore, the lack of resources for community care, the beliefs about aging and the lack of knowledge about, and confidence in, community care cause some older people to move into institutions before community care is tried to any great extent or many times without even considering it.

We need to ask ourselves several questions:

Do we really believe that all older people receive <u>better</u> care in institutions and therefore are best off in them?

Why do we have so little confidence in community care and distribute the majority of our resources in the direction of institutions?

Why are we so unimaginative in providing alternatives to institutional care for people who require some assistance?

The answer is that all of us, those who are younger and those who are older, need to rethink what we really believe about growing old. We need to rethink our approach to assisting older people.

There are many ways in which older people can be assisted to live more independently, even people who need a good deal of assistance. And in almost every instance this can be done at considerably less cost than equivalent assistance in an institutional setting and, more importantly, provide greater life satisfaction, greater autonomy, for the individual.

Planning for care should include an examination of community services (what exists, how to reach them and what they can provide) and ways to inform older people and their families about these services. We need to be sure that people know about the options for care in the community and encourage them to explore these options. It is not adequate to just take a tour of the closest nursing home.

Much more effective use could be made of housing--housing with some support services--and of new technology to provide security along with independence and autonomy for older people in need of assistance.

There are more ways in which we can assist family members who wish to help, whether spouses or adult children. At the present time family members are understandably fearful of relying on community care for older relatives. Education, information and counselling, emotional support, homemaker help, day

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[4] Government of Alberta, "A New Vision For Long Term Care -- Meeting the Need". The report of the Committee on Long Term Care for Senior Citizens, February 1988, p. 25.

programs, home visits by health professionals are all important as well as access to respite care. Respite care can be provided in the home (through homemakers or companions), in day programs and in institutions. Relatives do need an occasional break from caring. Even something as simple as encouraging employers to look at ways of helping employees develop work schedules which would enable them to assist older relatives could be encouraged. We need also to devise acceptable community support systems for those older people who do not have family support, but who can remain in the community with a little assistance.

We need to look at the needs of individuals, not just the needs of service agencies and professionals. Information from the single entry pilot project in the Foothills Health Unit area is showing that with a comprehensive review of an individual's needs and support from home care, people at nursing home and even auxiliary hospital level can remain at home.

For example,

> Mrs. A. is an extremely frail 97 year old lady who lives with her husband in their own home. She has a bone disease, swelling, phlebitis and inflammation of the eyes. He also is elderly and frail but he is more able to manage shopping, banking, medication supervision, meal preparation and laundry. Mrs. A. has general weakness, forgets to take her medicine and at times wanders away from home.
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> Home care provides personal care once a week, homemaking twice weekly, and weekly nursing visits. Respite services are provided so that Mr. A. can get out and do necessary errands by himself. The cost of providing the necessary home care services to Mrs. A. is $629/month.
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> Mr. & Mrs. A. receive meals-on-wheels five days a week. The visit from the volunteers is as important to them as the meal. They have no family but friends from their church are very good to them, driving them to appointments and visiting often. Their home is equipped with aids for bathing, provided by the Alberta Aids to Daily Living Program.
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> Both Mr. & Mrs. A. are adamant about staying in their own home. With services provided by home care and with support from friends, this desire is possible.[5]

If both Mr. and Mrs. A. moved to a nursing home the cost for their care, in public dollars, would be about $2,400 a month. But, and this is of even greater value than the cost avoidance factor, Mr. and Mrs. A. have the satisfaction of being in their own home and feeling in greater control of their

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[5] Foothills Health Unit, "Home Care -- A Cost-Effective Alternative to In-Patient Extended Care", 1987.

lives -- feeling that they are still contributing to each other and to their community.

Mr. and Mrs. A. are just one of the families being assisted in this way by the Foothills Health Unit. This demonstrates how people can be helped if we wish to do so--if we sincerely believe that older people should have a choice.

In summary, we need to examine our attitudes toward aging and older people. We need more education about aging and more information about services for the general public. We need more creativity and experimentation in our approach to providing support for older people who need assistance. The simple alternatives of lodge, nursing home and auxiliary hospital are no longer adequate in themselves. Present and future generations of seniors will be looking for, and expecting, new approaches. We must start moving now, for in doing so we will be developing the climate that we will encounter in our own old age.